

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027822

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 806

Primary Registration District No. 3042

Registrar's No. 70

FILED JUL 24 1962

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)

FREDERICKTOWN

Length of stay in 1b

13 days

c. FULL NAME OF (If NOT in hospital, give location)

MADISON Co. Memorial Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MADISON

admission)

c. CITY

OR

FREDERICKTOWN

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

204 WEST MAIN ST.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Roy

Middle

ANVIL

Last

ALCORN

4. DATE

OF

DEATH

Month

JULY

Day

15

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-25-1887

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Automobile Dealer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

BELLEVUE, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

LAFAYETTE ALCORN

13b. MOTHER'S MAIDEN NAME

ALICE LOVE

14. NAME OF HUSBAND OR WIFE

THELMA ALCORN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

8 MRS. THELMA ALCORN, Fredericktown, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

2 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CARCINOMA OF PROSTATE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-1-62 to 7-15-62

and last saw him alive on 7-17-62

Death occurred at

7:30

A. m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or wife)

M.D.

22b. ADDRESS

507 W. College

22c. DATE SIGNED

7-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-18-1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

MADISON County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

SAM NAJIM, JR., FREDERICKTOWN, MO.

25. DATE RECD. BY LOCAL REG.

7-17-1962

26. REGISTRAR'S SIGNATURE

Florence H. H. H.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

ITEM NO.

VS 300
Rev. 4/59

1 0621

2 0621

3 2

4 0

5 1

6

7 0

8 2

9 4200H

10

11

12 1-0

13 1-0

JUL 25 1962

AUG 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Daisord Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E College
FREDERICK TOWN MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.